

AO 140 (DELAWARE REV 7/00)

**UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE**

Plaintiff

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

V.

Defendant(s)

CASE NUMBER:

= 07 - 44 -

I, LAVAR D Lewis declare that I am the (check appropriate box)
☐ **Petitioner/Plaintiff/Movant** ☐ **Other** in the above-entitled proceeding; that in support of my
 request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am
 unable to pay the costs of these proceedings and that I am entitled to the relief sought in the
 complaint/petition/motion.

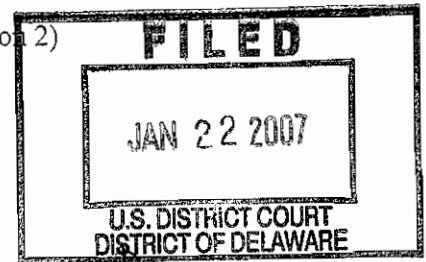
In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration

Are you employed at the institution? ☐ Yes ☐ No

Do you receive any payment from the institution? ☐ Yes ☐ No



Have the institution fill out the certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past SIX months' transactions. Ledger sheets are not required for cases filed pursuant to 28:USC §2254.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | |
|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received *AND* what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☐ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

I declare under penalty of perjury that the above information is true and correct.

Date: 1/10/07

Signature of Applicant Lamar O Lewis

**SEE ATTACHED
SIX MONTH STATEMENT**

16-Aug-06

SCCC ADMIT DATE

DATE RELEASED

07-44

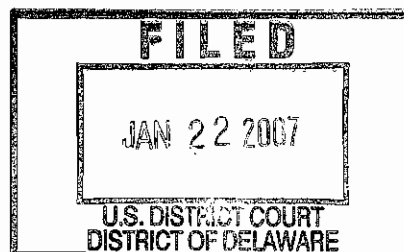
DATE RELEASED

OPENING BALANCE	\$0.00
ACCOUNT BALANCE	\$0.43

FILED

R/B	room/board owed from previous visits to SWRU
MED =	Visits to medical
TRANS =	transportation owed from previous visits
P2 =	Pay to's submitted thru business office
DG =	Dollar General/commissary
TRANSF	Transfers to Other Institutions
SP. COURT	Superior Court

M/O = money orders received outside of institution
B/R = booking and receiving
CK = checks
CASH
I / W = inmate wages



INMATE ACCOUNT STATEMENT

TO: Inmate Name: Lewis Lavar D
(Last) (First) (M.I.)
SBI Number: 00442722
Housing Unit: SVOP Pod 4

FR: Inmate Account Technician

DA:

RE: Summary Of Account
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Attached is your account statement for the six month period of 8/2006
through 1/2007.

Utilizing the calculation formula described in BOP Procedure 5.4, your average daily balance for this period is \$ 26.71.

Attachment

Notary

REQUEST FORM
FOR
INMATE ACCOUNT ACTIVITY STATEMENT

Inmate Name: Lewis Lavar D SBI Number: 00442722
(Last) (First) (M.I.)
Housing Unit: SVOP Pod 4
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In accordance with Bureau of Prisons Procedure 5.4 entitled "In Forma Pauperis", please provide a summary of my account transactions.

LAVAR D Lewis
Inmate Signature

Notary

Inmate Account Activity Statement will be processed only after staff verifies your legal documents are complete.

Date received by business office: 1/16/07.